

State of Wisconsin Department of Workforce Development Equal Rights Division	<b>Discrimination Complaint</b> <b>Public Accommodation or Amusement</b>	ERD Case #
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Personal information you provide may be used for secondary purposes. [See Section 15.04(1)(m) Wisconsin Statutes for details.]

**Important!! Please Read All Of The Instructions On Page 2 Before Completing. Type Or Print In Black Ink**

<b>1. Your name</b> , street address, city, state, zip code.	<b>2. Respondent name</b> , street address, city, state, and zip code.
Your telephone numbers Home (     ) _____ Work (     ) _____	Respondent's telephone number (     ) _____
<b>3. Your complaint</b> may be filed with another agency unless you write "no" here.  (See #3 on page 2 for more details.)	<b>4. County</b> in which the discrimination occurred
<b>5. Basis:</b> You must list a basis for your complaint. (For example: "sex-female", "race-African American", "disability visual impairment", "sexual orientation-homosexual", etc.)  What is the basis for your complaint? _____	
<b>6. Statement:</b> What did the respondent <b>do</b> ? List each action you believe was discriminatory. (For example: I was denied access or services, charged a higher than regular rate, etc.) Then, say <b>why</b> you believe you were treated differently because of the basis you listed above.  _____ _____ _____ _____ _____ _____ _____	

**7. Dates:**  
 When did the above action(s) first happen? (mo/day/yr) \_\_\_\_\_  
 On what date did it last happen. (mo/day/yr) \_\_\_\_\_

<b>8. By my signature below</b> , I acknowledge that I have read the complaint; that to the best of my knowledge, information and belief, the complaint is true and correct, and that the complaint is not being used for any improper purpose, such as to harass the party against whom the complaint is filed.		<i>For Office Use</i>
Signature of complainant or authorized representative	Date Signed(month/day/year)	
Sworn To Before Me On (month/day/year)	My Commission Expires (month/day/year)	
Notary Public Signature (affix seal)		

## Discrimination Complaint Instructions--What is covered and How to File

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If you believe you have been discriminated against in violation of the Public Accommodation & Amusement Act, you may file a complaint with DWD's Equal Rights Division. Your complaint must be filed within **300 days** of the action that you believe was discriminatory.

To accept your case, the Division must have certain information. **Make sure you carefully follow the instructions outlined below.** The numbers on these instructions match the numbered sections on the front of this form.

- 1. Complainant:** You must write your legal name, address and telephone number.
- 2. Respondent:** You must provide the complete name, address and telephone number of the business or labor organization that the charge is being filed against. Generally, the respondent should be the business or company name. If there is more than one respondent, list each separately.
- 3. Referrals:** The City of Madison Equal Opportunities Commission (MEOC) administers an ordinance similar to state law. The Equal Rights Division will handle your complaint if it is initially filed with us, but we will also refer your complaint to MEOC if the public accommodation or amusement is located within Madison's city limits.
- 4. County:** You must write the name of the county in which the discriminatory action occurred.
- 5. Basis:** You must give a basis for your complaint. The Wisconsin Public Accommodation or Amusement Act prohibits discrimination in the provision of goods and services on the following bases:

**Race**  
**Color**  
**Creed**

**Ancestry**  
**National Origin**  
**Age (18+) in Lodging**

**Sex**  
**Disability**  
**Sexual Orientation**

- 6. Statement:** What was done? You should list each action you feel was discriminatory. When describing a Respondent's action in this section, the individual who took the action should be identified, if possible. Then, tell us why you believe this action was taken because of the basis you listed.
- 7. Dates Action Occurred:** Give us the first and last dates you believe discrimination occurred.
- 8. Your Signature:** Do not sign the complaint until you are in the presence of a Notary Public who can notarize your signature. Be sure the Notary uses a stamp or seal on the form. Make sure you or your representative signs the form.

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Mail your **Completed** and **Notarized** complaint to one of the following offices:

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**State of Wisconsin**  
**Department of Workforce Development**  
**Equal Rights Division**

201 E Washington, Room A300  
PO Box 8928  
Madison, WI 53708  
Telephone: (608) 266-6860  
FAX: (608) 267-4592  
TTY: (608) 264-8752

819 North 6th Street  
Room 255  
Milwaukee, WI 53203  
Telephone: (414) 227-4384  
FAX: (414) 227-4084  
TTY: (414) 227-4081

## Equal Rights Complaint Process Information

**For effective complaint handling, please provide the following information and return it with your complaint.**

**Your Full Name**(last, first, middle initial)

**Today's Date**

**Social Security Number \***

*\* Not mandatory - used only for internal identification, accessibility and accuracy of records within the Equal Rights Division*

**Witnesses:** Please include the names, home addresses and telephone numbers of persons who know what happened to you or may have seen, heard or experienced treatment similar to yours. Witnesses are not character references. They are people who have relevant information about your complaint and are willing to cooperate in the investigation.

**Availability: (Important! You must notify the Department if you change your address or phone number. If we are unable to locate you your complaint may be dismissed.)**

1. What days and times are you usually available to discuss your complaint?

2. Is there a telephone number where we can reach you **during the day**? ☐ Yes ☐ No

If so please provide the area code and number: ( )

3. In case we cannot reach you, please provide the name, address and phone number of a person who **does not** reside with you but will always know where you live and how to reach you:

Name Address

City, State, Zip Code Telephone Number ( )

### Settlement Information:

**At this time, what would you accept to settle your complaint?** (Note: If discrimination is proven under state law you may recover cost you incurred because of the discrimination and attorney fees. The respondent may be required to pay a forfeiture to the state. In a civil action, punitive damages may also be sought.)

### Complainant Information:

Have you filed this charge with any other agency? ☐ Yes ☐ No

If so, name of agency Date Filed

### STATISTICAL INFORMATION:

Are you

☐ Male ☐ Female

Date of Birth

#### Race (check appropriate box or boxes):

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Multiple-Race (check boxes that apply)

#### Ethnic background (check one):

☐ Hispanic or Latino

☐ Not Hispanic or Latino